

Application #

Permit #

**The City of Grove City Division of Building**  
**P.O. Box 427 4035 Broadway Grove City, Oh 43123**  
**Phone (614) 277-3075 Fax (614) 277- 3090**  
**Temporary Structures that cover an area in excess**  
**of 120 square feet Permit Application Requirements**

Site Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contractor  
Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Fax Number: (     ) \_\_\_\_\_

- Electric Permit Required? ☐ Yes ☐ No
- Large Event Permit? ☐ Yes ☐ No
- Non-Profit ☐ Yes ☐ No
- Must meet the requirement of Grove City Codified Ordinance:
  - Section 1305.17 TENT PERMIT FEE: The permit fee shall apply to each 30-day period or fraction thereof (\$100.00). Each additional tent is (\$25.00) for the same period.
- **This structure will be in place from** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** \_\_\_\_/\_\_\_\_/\_\_\_\_
- First tent is \$100.00 for 30 days, each addition tent is \$25.00 for same 30 day period
- First Tents 1= \$100.00 Each additional tent \_\_\_\_ X \$25.00 Total \$ \_\_\_\_\_
- 3% State OBBC Fee = \$ \_\_\_\_\_  
Total Fee Due \$ \_\_\_\_\_
- Will there be alcohol at this event? ☐ Yes Use Group A-2  
☐ No Use Group A-3
- Must meet the requirements of Ohio Basic Building Code:
  - Section 4101:2-1-11 TEMPORARY STRUCTURES
  - Section 4101:2-1-17 CONSTRUCTION DOCUMENTS, WHEN REQUIRED
  - Section 4101:2-1-18 CONSTRUCTION DOCUMENTS, WHEN AND WHERE TO FILE
  - Section 4101:2-1-19 CONSTRUCTION DOCUMENTS TO BE ADEQUATE
  - Section 3104.0 TEMPORARY STRUCTURES
- Must meet the requirements of the National Electrical Code Including:
  - Article 527 TEMPORARY WIRING
  - Article 525 CARNIVAL, CIRCUS, FAIRS AND SIMILAR EVENTS

Applicant Signature: \_\_\_\_\_

Building Division Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**This Permit is Valid for 1 Year Only     Inspections are Required**  
*Per 1305.7 Section IV Residential Re-Inspections \$50.00 Commercial Re-Inspections \$100.00*

Receipt #

Check #

Date Entered:

Date Issued: